BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Please Contact MLHU at (519) 663-5317 ext.9008 between 9:00AM to 9:30PM daily.

COVID19 Data Collection Form (HOME VISIT)

1. Client Information

Health Card No.:

Family Doctor:

Last Name:

First Name:

Date of Birth: yyyy / mm / dd

Sex: O M O F

Address:

Postal Code:

Client Phone No.: (###) ###-####

2. Organization

Name:

Contact:

3. Symptom(s)

Asymptomatic ( )

Date of symptom onset: yyyy / mm / dd

[ ] Fever (≥37.8°C)
[ ] Cough
[ ] Sore Throat (ST)
[ ] Shortness of Breath (SOB
[ ] Runny / Stuffy Nose (R/S
[ ] Gastro-Intestinal (GI)
[ ] Chest Pain / Tightness (C
[ ] Headache (H/A)
[ ] Neausea
[ ] Loss of Appetite (LA)
[ ] Loss of Energy (LE)
[ ] Olfactory / Taste Disorder (O/T D)
[ ] Other: Please Specify

[ ] Malaise / Chills (M/C)
[ ] Myalgia / Muscle Pain (M/M)
[ ] Arthralgia / Joint Pain (A/J)
[ ] Vomiting
[ ] Diarrhea
[ ] Abdominal Pain (AP)
[ ] Sputum Production (SP)
[ ] Hoarse Voice (HV)
[ ] Difficulty Swallowing (DS)
[ ] Pneumonia
[ ] Fatigue / Prostration (F/P)

4. Prn-Medication Required

O Yes O No

5. Exposure History

Exposure to probable, or confirmed case? O Yes O No O Unknown

Sustained Contact Over 1 hour? O Yes O No O Unknown

Exposure details:

6. Close Contact

Does staff prove personal care? O Yes O No

If "Yes", Name(s):

Is resident in a shared bedroom? O Yes O No

If "Yes", Name(s):

7. Substitute Decision Maker or Power of Attorney

Not Applicable ( )

Aware Swab Happening and agreed to swab O Yes O No O Unknown

Signature:

Additional Information:

CONFIDENTIAL WHEN COMPLETED: The personal health information is collected under the authority of the Personal Health Information Protection Act. S 36(1)(c)(iii) for the purpose of collecting public health information.